

EPSDT

RHODE ISLAND MEDICAID EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD							ADOLESCENCE												
	NEWBORN	3-5 DAYS	BY 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	15 MO	18 MO	24 MO	30 MO	3 YRS	4 YRS	5 YRS	6 YRS	7 YRS	8 YRS	9 YRS	10 YRS	11 YRS	12 YRS	13 YRS	14 YRS	15 YRS	16 YRS	17 YRS	18 YRS	19 YRS	20 YRS				
History																																		
Initial/Interval	◆ ¹	◆ ²	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Physical Examination																																		
Physical Examination ³	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Measurements																																		
Length/Height and Weight	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Head Circumference	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆																							
Weight for Length	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆																								
Body Mass Index											◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Blood Pressure ⁴	■	■	■	■	■	■	■	■	■	■	■	■	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Sensory Screening																																		
Vision ⁵	■	■	■	■	■	■	■	■	■	■	■	■	■	◆	◆	◆	■	◆	■	◆	■	◆	■	■	◆	■	■	◆	■	■	■			
Hearing ⁶	◆ ⁶	■	■	■	■	■	■	■	■	■	■	■	■	◆	◆	◆	■	◆	■	◆	■	■	■	■	■	■	■	■	■	■	■			
Developmental/Behavioral Assessment																																		
Psychosocial/Behavioral Assessment	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Developmental Surveillance ⁷	◆	◆	◆	◆	◆	◆		◆	◆		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Developmental Screening ⁸							◆			◆		◆																						
Autism Screening ⁹										◆	◆																							
Alcohol and Drug Use Assessment																					■	■	■	■	■	■	■	■	■	■	■			
Procedures ¹⁰																																		
Newborn Screening ¹¹	◆																																	
Immunization ¹²	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		
Hematocrit or Hemoglobin					■			◆		■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Lead Screening ¹³						■	■	◆		■	◆		■	■	■	■																		
Tuberculin Test ¹⁴			■			■		■		■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
Dyslipidemia Screening											■			■		■		■		■	■	■	■	■	■	■	■	■	↔					
Cervical Dysplasia Screening ¹⁵																					■	■	■	■	■	■	■	■	■	■	■			
STI Screening ¹⁶																					■	■	■	■	■	■	■	■	■	■	■			
Oral Health ^{17,18}						■	■	◆		◆	◆	◆	◆	◆		◆																		
Anticipatory Guidance ¹⁹	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		
Transition to Adult Services ²⁰																							↔						↔					

RHODE ISLAND REQUIRES THAT ALL CHILDREN, PRIOR TO SCHOOL ENTRY, RECEIVE VISION AND LEAD SCREENINGS AND BE UP TO DATE ON IMMUNIZATIONS. SEE ABOVE SCHEDULE FOR RECOMMENDATION IN EACH AREA. PLEASE SEE SEPARATE SCHEDULE FOR THE RECOMMENDATIONS FOR PEDIATRIC ORAL HEALTH CARE

◆ TO BE PERFORMED ■ PERFORM RISK ASSESSMENT WITH APPROPRIATE ACTION TO FOLLOW, IF POSITIVE. ↔ PERFORM WITHIN INDICATED TIME FRAME.

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FOOTNOTES

1-Every infant should have a newborn evaluation at birth. Breastfeeding should be encouraged, with instruction and support offered.

2-Every infant should have an evaluation within 3 to 5 days of birth and within 72 hours after discharge, with instruction and support offered. For infants discharged less than 48 hours after delivery, the infant must be examined within 48 hours of discharge.

3-At each visit, an age-appropriate physical examination should be performed. Infants should be totally unclothed. Older children should be undressed and suitably draped.

4-Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3.

5-If the patient is uncooperative, rescreen within 6 months. See American Academy of Pediatrics Policy Statement, Eye Examination in Infants, Children, and Young Adults by Pediatricians. Pediatrics. 2003; 111(4):902-907. Available at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902>

6-Universal newborn hearing screening is required by RI Law.

7-Developmental surveillance consists of five components: eliciting and attending to parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations about the child, identifying protective and risk factors, maintaining an accurate record and documenting the process and findings. Any concerns raised during developmental surveillance should be promptly addressed. For additional information, see references in footnote #8.

8-Use a standardized tool to identify children at risk of a developmental disorder. See American Academy of Pediatrics Policy Statement, Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. Pediatrics. 2006; 118:405-420. Available at: <http://pediatrics.aappublications.org/cgi/content/full/118/1/405>

9-Use a validated autism-specific standardized screening tool. See American Academy of Pediatrics Clinical Report, Identification and Evaluation of Children With Autism Spectrum Disorders. Pediatrics. 2007; 120(5):1183-1215. Available at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1183>

10-Procedures may be modified, depending on a patient's entry point into the schedule and his/her individual needs.

11-Newborn Screening for metabolic, endocrine, and hemoglobin conditions is required by RI Law. The Rhode Island Newborn Screening Program will notify the primary care provider if repeat screening and follow-up is needed. For screening results or to confirm screening, call the Rhode Island Department of Health Information Line at 800-942-7434.

12-Assess immunization status at each visit and vaccinate according to the most current immunization schedule, available at <http://www.health.ri.gov/immunization>

13-Screen according to the RI Lead Screening & Referral Guidelines, available at <http://www.health.ri.gov/lead/pdf/LeadGuidelines.pdf>

14-Tuberculin testing should be done upon recognition of high-risk factors.

15-All sexually active girls should be screened for cervical dysplasia as part of a pelvic examination. Screening should start within 3 years of the onset of sexual activity or age 21, whichever comes first.

16-All sexually active patients should be screened for sexually transmitted infections (STIs).

17-Refer to dental home. Inform parents of RIte Smiles program for access to dental services, as needed. For information on RIte Smiles, visit <http://www.dhs.ri.gov>. If the primary water source is deficient in flouride, consider oral flouride supplementation.

18-At visits at ages 3 and 6, again stress importance of dental home. Inform parents of RIte Smiles program, as appropriate. For RIte Smiles program information, see footnote #17. Consider oral flouride supplementation if primary water source is deficient in flouride.

19-Anticipatory Guidance refers to age-appropriate guidance to parents, adolescents, and children on topics such as injury and illness prevention, developmental surveillance and milestones, sexuality and substance abuse.

20-Transition Planning refers to equipping an adolescent and his/her family for the transfer from pediatric to adult health care by age 21. For healthcare transition resources, visit <http://www.health.ri.gov/family/specialneeds/transition>
